

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

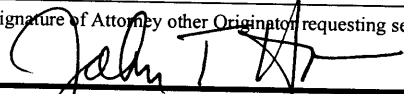
PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { <b>ALFRED BRYANT</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>1256 COUNTY ROAD 45; TUSKEGEE, AL 36083</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

**RETURNED AND FILED**

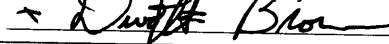
☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

**FEB - 2 2006**

Date  
**1-30-06** Time  
**1:25** ☐ am ☒ pm

Signature of U.S. Marshal or Deputy



Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	U.S. DISTRICT COURT MIDDLE DIST. OF ALA.	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00